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PTO/SB/17 (12-04v2)
Approved for use through 7/31/2006. OMB 0651-0032

(A)	·/			U.S. Patent	Appro and Tradema	ved for use through rk Office; U.S. DEF	7/31/2006. C	OMB 0651-0032 F COMMERCE	
August the Handsyork Reduction Act of 1995, no person are required to remain and the Handson are				Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE respond to a collection of information unless it displays a valid OMB control number Complete if Known					
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL			Application Number 09/654948						
			Filing Date September 1			2000			
					Stephen P.A. Fodor				
For FY 2005			Examiner Name P. Ponnaluri						
Applicant claims small entity status. See 37 CFR 1.27			Art Unit 1639						
TOTAL AMOUNT OF PAYMENT (\$) 1,520.00			Attorney Docket	Attorney Docket No. AFMX-P03-021					
METHOD OF PAY	MENT (check all that	it apply)							
			Nor	ne Other (nlease identi	fv)·			
Check Credit Card Money Order None Other (please identify): X Deposit Account Deposit Account Number: 18-1945 Deposit Account Name: Ropes & Gray LLP									
For the above	e-identified deposit ac	count, the Dire	ector is	hereby authorize	ed to: (checl	k all that apply)			
i —	fee(s) indicated belo					cated below, ex	cept for th	e filing fee	
	any additional fee(s) under 37 CFR 1.16 ar		ent of	x Credit	any overpa	yments			
FEE CALCULATION		1.17				·		-	
1. BASIC FILING, SE		NATION FEES	\$						
	FILING	FEES	SE	ARCH FEES	EXAMIN	ATION FEES			
Application Type	<u>S</u> Fee (\$)	mall Entity Fee (\$)	Fee (\$	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Foos F	aid (\$)	
Utility	300	150	500	250	200	100	1 000 1	uiu (ψ)	
Design	200	100	100	50	130	65			
Plant	200	100	300	150	160	80			
Reissue	300	150	500	250	600	300			
Provisional	200	100	0	0	0	0			
2. EXCESS CLAIM F		100	v	Ů	v	v		Small Entity	
								Fee (\$)	
Each claim over 20 (including Reissues)						50	25	
Each independent claim over 3 (including Reissues)						200	100		
Multiple dependent o	claims						360	180	
Total Claims			Paid (\$) Multiple Dependent Claims						
-20 x =				Fee	<u>• (\$)</u> <u>F</u>	ee Paid (\$	1		
Indep. Claims	Extra Claims Fe	e (\$)	Fee F	Paid (\$)				_	
-3	X	=	1 00 1	αια (ψ)					
3. APPLICATION SIZ	ZE FEE								
If the specification	and drawings exceed	100 sheets of	paper	(excluding electr	onically file	ed sequence or	computer		
	CFR 1.52(e)), the ap				for small en	tity) for each a	dditional 50	0	
	thereof. See 35 U.S	. , . , .	•	` '					
<u>Total Sheets</u>	Extra Sheets			dditional 50 or frac		· · · · · · · · · · · · · · · · · · ·	<u>Fee F</u>	Paid (\$)	
	00 = //	50		(round up to a who	ole number) o	`	·		
4. OTHER FEE(S)	ification \$120 for	(ma amall anti	diaa	at)			Fees	<u>Paid (\$)</u>	
Other (s. s. lete &	cification, \$130 fee ling surcharge): 125	(no sman enu 3 Extension	for re	oun <i>i)</i> sponse within th	nird month		1.0	20.00	
Other (e.g., late ii	ing surcharge): 140	1 Notice of a	appeal					0.00	
SUBMITTED BY		-							
a:	M 18-1	24.5		Registration No.	52,883	Telephone	(617) 95	1-7633	
Name (Print/Type) lesse A. Fecker, Ph.D.				(Attorney/Agent)	,		January		
1 (1 1,500) 463	yo A. I COREI, I II.D	•				150.0	January _	<u>, 2000</u>	

19/2	an envelope addressed to: Mail Stop	e is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown
	below.	11-1 100
Dated: 1770 Signature: 1/1000 J T May (Valerie J. Sarosky)	Dated: //////	Signature:(Valerie J. Sarosky)